



Utah Department of
Health & Human
Services

DIVISION OF LICENSING & BACKGROUND CHECKS
REQUEST FOR ADMINISTRATIVE HEARING
Licensing Hearing

Date: _____

Name: _____

Address: _____
(Street)

(City) (State) (Zip Code)

(Email Address) (Daytime Phone No.)

I hereby request a hearing to appeal action taken on my license application, my adoption, foster family, or treatment program license, or ability to provide services for a licensed program.

Signature: _____

You may represent yourself at the hearing, but if you wish to have another individual represent you, including an attorney (at your own expense), please provide the following information:

Name of Attorney or Representative: _____

Address: _____
(Street)

(City) (State) (Zip Code)

(Email Address) (Daytime Phone No.)

Please explain why you are submitting this request in spite of the reasons for the licensing action stated in the Notice of Agency Action.

Please send your response to the person and address indicated in the Notice of Agency Action.

OFFICE USE ONLY:

Request for hearing made within 10 days? Yes No

Reasonable accommodations in accordance with the Americans with Disabilities Act are available with a minimum of three days advanced notice.